

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>09/930104</u>		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						61				
2		1					62				
3		1					63				
4		1					64				
5		1					65				
6		1					66				
7		1					67				
8		1					68				
9		1					69				
10		1					70				
11		1					71				
12		1					72				
13		1					73				
14		1					74				
15		1					75				
16		1					76				
17	1						77				
18		1					78				
19		1					79				
20		1					80				
21		1					81				
22		1					82				
23		1					83				
24		1					84				
25		1					85				
26		1					86				
27		1					87				
28		1					88				
29		1					89				
30		1					90				
31		1					91				
32		1					92				
33							93				
34							94				
35							95				
36							96				
37							97				
38							98				
39							99				
40							100				
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
TOTAL IND.	32						TOTAL IND.				
TOTAL DEP.	30						TOTAL DEP.				
TOTAL CLAIMS	62						TOTAL CLAIMS				